

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11910

1. PLACE OF DEATH

County Jackson
Township Hamman City
City Missouri (No. Old City House)

Registration District No. 399

Primary Registration District No. 1002

File No. 1703

Registered No. 1703

St. Missouri Ward 5

2. FULL NAME

(a) Residence. No. 1215 Highland St., Missouri Ward 5
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

August 23 1893

7. AGE

34

YEARS

MONTHS

DAYS

8

If LESS than 1 day, — hrs. or — min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Porter

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Arkansas

10. NAME OF FATHER

Rev. C. H. Whittington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Ark

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ark

14.

INFORMANT
(Address)

Rev. C. H. Whittington
1630 North 9th St

15.

FILED

4/25 27 M. M. Brown
Deer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-23 1927

17.

I HEREBY CERTIFY: That I attended deceased from 4-21, 1927, to 4-23, 1927
that I last saw h. e. alive on 4-23, 1927, and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

93 Hypostatic Pneumonia
107 A Broncho

CONTRIBUTORY (SECONDARY)

Chronic Myocarditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

4/23 1927 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Mark Ark

4-25 1927

20. UNDERTAKER

ADDRESS

Joe B Moore

1850 E 18th

WRITE PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

